MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **863**

≡62-026149
STATE FILE NUMBER

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB	AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF ____ L.W. Ide, M.D. ____ MEDICAL CERTIFICATION / DOCUMENT

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph,** Length of stay in 1b **60 years**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2613 Delaware Street** Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY OR TOWN **St. Joseph,** Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) **2613 Delaware Street** Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First **FRED** Middle **R.** Last **SCHAFER**
4. DATE OF DEATH Month **July** Day **22** Year **1962**

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR	
					Months	Days	Hours	Min.
Male	**White**		**Nov. 17, 1876**	**85**				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Warehouseman**
10b. KIND OF BUSINESS OR INDUSTRY **Brown Transfer Co.**
11. BIRTHPLACE (City and state or country) **Carlisle, Penn.**
12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Solomen B. Schafer**
13b. MOTHER'S MAIDEN NAME **Sarah Rupley**
14. NAME OF HUSBAND OR WIFE **Mary V. Schafer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
16. SOCIAL SECURITY NO.
17. INFORMANT **Son** — **Mr. Melvin T. Schafer—St. Joseph, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	*Inanition*	*2-3 weeks*
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	*Carcinoma of body with metastoses*	*7-8 years*
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary emphysema — several years

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **195-3** , to **7-22-62** and last saw him alive on **about 4 days before death**
Death occurred at **10:30 PM** m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) *Lucian V. Ide, M.D.*
22b. ADDRESS *902 Edmond St. Joseph, Mo*
22c. DATE SIGNED *7-24-62*

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
23b. DATE **July 25, 1962**
23c. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cemetery**
23d. LOCATION (City, town, or county) **St. Joseph, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Meierhoffer-Fleeman Inc., St. Joseph, Mo.**
25. DATE RECD. BY LOCAL REG. *July 27, 1962*
26. REGISTRAR'S SIGNATURE *Mrs. Clara Goodell*

(Licensed Embalmer's Statement on Reverse Side)
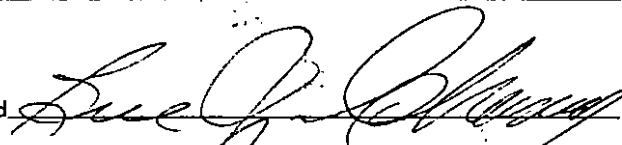
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _____
         Signature of Student Embalmer

                                          Licensed Embalmer No._4679_

                                          P. O. Address_St. Joseph, Mo_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.